



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR LOUIS L ARRONDO
920 HWY 37 SOUTH
MT VERNON TX 75457

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

NETHERLANDS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-09-8239-01

MFDR Date Received

MAY 18, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We sent in clean claims for dates of service 12/11/08... 02/25/09. For dates of service 12/11/08 we billed for procedure code 99205. The insurance carrier denied payment because documentation did not support the level of service. Therefore, we resubmitted the claim with procedure code 99204 and now they are denying payment because of time filing... The same problem happened with date of service 12/19/08. The original claim bill was for procedure code 99214 and 99199 (73). We resubmitted the claim with a lower procedure code 99213 and 99080(73) because the insurance carrier denied payment due to documentation not supporting level of service. Now, they are denying payment due to time filing. For dates of service 01/13/09... 02/25/09 we billed for office visit procedure code 99211, 97032, 97010, 97035, [sic] and the insurance carrier denied payment because we did not have pre-authorization for physical therapies. Therefore, we resubmitted the claims for the office visit 99211, and the insurance carrier is denying payment because according to them information submitted does not support the service..."

Amount in Dispute: \$982.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider seeks reimbursement for multiple DOS from 12/11/2008 through 2/25/2009. Reimbursement has been denied in this case because the provider initially failed to submit sufficient documentation to support the level of service billed. The provider then decided to change billings codes for the DOS in question. These new bills for the old DOS were denied as they were not timely submitted to the Carrier for reimbursement. These new bills for the old DOS are not requests for reconsideration, but are new billing which was not timely submitted. Provider's billing and documentation is not in accordance with currently accepted DWC medical documentation standards, thus no reimbursement is owed. The provider has not established entitlement to reimbursement under the billing that was timely submitted, nor has the provider established timely submission of the bills containing new CPT codes. Provider is not entitled to reimbursement for the DOS in dispute..."

Response Submitted by: Flahive, Ogden & Latson, PO Drawer 13367, Austin, TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 11, 2008 December 19, 2008	CPT Code 99204-25 CPT Codes 99213-25 and 99080-73	\$322.00	\$0.00
January 13, 2009 through February 25, 2009	CPT Code 99211	\$660.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 150 – Payment adjusted as information submitted does not support this level of service. Documentation does not justify level of service
 - 16 – Claim/service lacks info which is needed for adjudication. Additional info is supplied using remittance advice remarks codes whenever appropriate. Reimbursement withheld as service does not meet criteria of CPT Code Description.
 - 151 - -Pmt adjusted because the payer deems the info submitted does not support this many services. Not documented. Pmt for the OV is being withheld due to over frequency for diagnosis. Please submit with substantiating medical info.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?
3. Does the requestor's documentation support the services billed?
4. Is the requestor due reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The requestor initially billed CPT Codes 99205-25 for date of service December 11, 2008, CPT Code 99214-25 for date of service December 19, 2008, and CPT Code 99199-73. The respondent denied the services for lack of documentation. The requestor then down-coded the office visits to CPT Codes 99204-25, for date of service December 11, 2008, and CPT Code 99213-25 and also changed CPT Code 99199(73) to 99080-73 for date of service December 19, 2008. In accordance with 28 Texas Administrative Code §133.20(g) health care providers may correct and resubmit as a new bill... No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written

communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.” Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

3. The requestor billed CPT Code 99211 for dates of serviced ranging from January 13, 2009 through February 25, 2009. The carrier denied the disputed services using denial codes 150 – “Payment adjusted as information submitted does not support this level of service. Documentation does not justify level of service” and 151 – “Pmt adjusted because the payer deems the info submitted does not support this many services. Not documented. Pmt for the OV is being withheld due to over frequency for diagnosis. Please submit with substantiating medical info.” Review of the submitted documentation finds the requestor has not submitted documentation of the office visits for these disputed dates of service. Therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	May 31, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.